Effective on 12/08/2004, Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

TOTAL AMOUNT OF PAYMENT (\$) 500.00

Complete If Known				
Application Number	10/797,796			
Filing Date	March 10, 2004			
First Named Inventor	Steven Aoyama			
Examiner Name	GORDON, RAEANN			
Art Unit	3711			
Attorney Docket No.	B03-25			

METHOD OF PAYME	NT			
Deposit Account	Deposit Account Number	r: 502309 Deposit	Account Name: Acushnet Co	mpany
For the above-identified	deposit account, the Direct	or is hereby authorized to: (ch	eck all that apply)	
Charge fee(s) indic	ated below	CI CI	narge fee(s) indicated below, except	for the filing fee
Charge any addition	nal fee(s) or underpayment	s of fee(s) 🗹 Cr	edit any overpayments	
under 37 CFR 1.16	and 1.17			
FEE CALCULATION				
1. BASIC FILING, SEA	RCH, AND EXAM	INATION FEES		
Application Type	Filing Fee (\$)	Search Fee (\$)	Examination Fee (S)	Fees Paid (\$)
☐ Utility	300	500	200	
☐ Design	200	100	130	
☐ Reissue	300	500	600	
☐ Provisional	200	0	0 .	
2. EXCESS CLAIM FE	ES			
Fee Description				Fee (\$)
Each claim over 20 or, fo				50
Each independent claim ov	er 3 or, for Reissues, ea	ch independent claim mor	e than in the original patent	200
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)
	- 20 or HP =	×	=	
HP = highest number of total	laims paid for, if greater t	nan 20		
Independent Claims		Extra Claims	Fee (S)	Fee Paid (\$)
	- 3 or HP =	×	=	
HP = highest number of indep	endent claims paid for, if g	reater than 3		
3. APPLICATION SIZ				
			plication size fee due is \$250	for each additional
50 sheets or fraction to	nercof. See 35 U.S.C.	41(a)(1)(G) and 37 CFR	1.16(s).	
Total Sheets	Extra Sheets	(round up to in	teger) Fee (\$)	Fee Paid (S)
- 100 -		/ 50 =	× =	
4. OTHER FEES				Fee Paid (\$)
Notice of Appeal, \$50	0			500
Other:				

1	SUBMITTED BY					
l	Signature	AMIR	Registration No. 38,400	Telephone 508-979-3563		
Į	Name	D. Michael Burns	Date 7-19-2006			